

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005616	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 10/02/2014
NAME OF PROVIDER OR SUPPLIER BRIDGE AT GARDEN PLAZA		STREET ADDRESS, CITY, STATE, ZIP CODE 8614 W 10TH ST INDIANAPOLIS, IN 46234		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00149302 completed on August 13, 2014.</p> <p>Complaint IN00149302 Corrected.</p> <p>Survey Date: October 2, 2014</p> <p>Facility number: 005616 Provider number: 005616 AIM number: NA</p> <p>Survey Team: Mary Jane G. Fischer RN-TC</p> <p>Census bed type: Residential: 79 Total: 79</p> <p>Census payor type: Other: 79 Total: 79</p> <p>Sample: 4</p> <p>Bridge at Garden Plaza was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00149302.</p> <p>Quality Review was completed by Tammy Alley RN on October 2, 2014.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE